#### **MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 2

This cover page must be completed by the report preparer. Joint reports require only one cover page.

SPI	DES	ID						
N	Y	R	2	0	А	3	2	8

#### **Choose one:**

# This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Na	me (	of M	lS4																		
Т	0	w	n	0	f	N	е	w	Н	a	r	t	£	0	r	d					

#### OR

# This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Coalition

SPDES ID  $N \mid Y \mid R$ 

2

0 A

Nai	ne c	of S1	ngle	e En	itity													

#### OR

# This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID

N | Y | R | 2 | 0 | A

Y R 0 A

# MS4 Annual Report Cover Page

MCC form for period ending March 9,

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

	_	SPL	DES	ID						
Name of MS4 Town of New Hartford		N	Y	R	2	0	А	3	2	8

Each MS4 must submit an MCC form.

### **Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- O A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Jo	oint	Rep	ort,	ent	er c	oali	tion	naı	ne:										
																			$\equiv$
																			1
																			1

#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

	SPI	DES	ID						
Name of MS4 Town of New Hartford	N	Y	R	2	0	A	3	2	8

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	st Na	ame														ΜI		Las	t Na	ame										
J	0	е																В	0	0	t	h								
Titl	e																													
С	0	d	е	ន		0	f	f	i	С	е	r																		
Ado	dres	S																												
1	1	1		N	е	W		Н	a	r	t	f	0	r	d		S	t	r	е	е	t								
City	y																			S	tate		Zip					_		
City	e	W		Н	а	r	t	f	0	r	d									S		Y	Zip 1	3	4	1	3	_		
N	е	W		Н	a	r	t	f	0	r	d														4	1	3	_		
	е	W		Н	a	r	t	f	0	r	d														4	1	3	_		
N	e ail	W		Н	а	r	t	f	0	r	d							Cou	ınty	1					4	1	3	<b>-</b>		

# MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 2

	SPDES ID
Name of MS4	N Y R 2 0 A
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all period?	permit requirements during this reporting $$\bigcirc$ {\tt Yes} $\ \bigcirc$ {\tt No}$
If Yes, complete information below.  Submit a separate sheet for each partner. Information proving accepted. If your MS4 cooperated with a coalition, submit coalition. It is not necessary to include a separate sheet for If No, proceed to Section 4 - Certification Statement.	one sheet with the name of the
Partner/Coalition Name	
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	N Y R 2 0
Address	
City	State Zip
Sity Sity	State Zip
Mail	
(	gally Binding Agreement in accordance th GP-0-08-002 Part IV.G.? • Yes • No
What tasks/responsibilities are shared with this partner (e.g. M	IM1 School Programs or Multiple Tasks)
O MM1	
O MM2	
O MM3	
O MM4	
O MM5	
O MM6	
Additional tasks/responsibilities  **Watershed Improvement Strategy Best Management Practivations**  Watersheds included in GP-0-08-002 Part IX.	tices required for MS4s in impaired

#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 2

	SPL	DES	ъ						
Name of MS4 Town of New Hartford	N	Y	R	2	0	A	3	2	8

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
Patrick		T y k s i n s k i
Title (Clearly print title of individual signing report)		
Town Supervisor		
Signature		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

		SPL	)ES	ID						
Name of MS4/Coalition	Town of New Hartford	N	Y	R	2	0	А	3	2	8

Name of M	e of MS4/Coalition Town of New Hartford																	N	Y	R	2	0	A	3	2	8			
									W	Vat	ter	· Q	ua	lity	<u>y T</u>	re	<u>nd</u>	<u>s</u>											
The infor	matio	n in	this	sec	tion	is l	bein	g re	epo	rte	d (0	che	ck o	one)	:														
● On beh ○ On beh Ho		a co	oaliti	on			tribı	ite	d to	o tł	nis	rep	ort	? [															
1. Has relat One.	ed to	sto	rmw	vato	er?	Îf 1	10t,			•		-						_			-	-			eas	ure Ye		0	No
Report								ort																					
○ Web P		) whe	ere r	epo	rt(s)	) is/	are	pro						re i	ерс	ort(	s) (	ean	be	acc	ess	ed	- n	ot h	iom	ie p	age	e.	
	URL																												
									İ																				
	URL																												
	URL																												· ——
	URL							_	$\neg$																		$\neg$		
				_	$\perp$	$\perp$	+	_	$\downarrow$	_																	=		

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

Name of MS4/Coalition Town of New Hartford	N Y R 2 0 A 3 2 8
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
• Construction Sites	O Pesticide and Fertilizer Application
• General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	• Recycling
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	● Trash Management
<ul><li>Smart Growth</li></ul>	O Vehicle Washing
○ Storm Drain Marking	<ul><li>Water Conservation</li></ul>
• Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
Other:  Other	○ None
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
○ Businesses	
○ Restaurants ○ Industries	
○ Other: • Agricultural	
Other	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	Town of	own of New Hartford														N	Y	R	2	0	А	3	2	8
3. What strategies this reporting p	•							e to	a a c	chie	eve	edı	uca	tio	n a	nd	out	tre	ach	go	als	du	ırin	ıg
<ul><li>Construction Site C</li></ul>	perato	rs Tr	aine	ed												i	#Tr	ain	ed			1	4	8
O Direct Mailings																#	Ma	ilin	gs					
O Kiosks or Other Di	splays															#]	Loca	atio	ns					
O List-Serves																	# I	n Li	ist					
<ul><li>Mailing List</li></ul>																	# I	n Li	ist		9	0	0	0
O Newspaper Ads or	Article	S														#]	Day	s Rı	ın					
<ul><li>Public Events/Pres</li></ul>	entation	ıs																	4	0				
O School Program												# Attendees 4 # Attendees												
○ TV Spot/Program																								
Printed Materials:																								
T o w n	H i			w a			В	a	r	n														
					<del> -</del>																			
• Other:																								
H O C C P	P	v	i	d e	0	s																		
• Web Page: Prov	ide spe	cific	web	add	ress	es -	not	hon	ne j	page	e. (	Con	tinı	ie o	n ne	ext	pag	e if	ado	ditio	onal	l sp	ace	is
URL								I		T		_	,				·	٦	_	/		7	_	
		+ -	W	• 0 I		: g		V +		n			r	0	n S	e			a m		р	1 t	a	n r
n i n g / e	9 n v		r	0 1	1 11		11		w	a				/	ם	L	0		111	w	a			
URL																								

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

			SPDES ID	
Name of MS4/Coalition			N Y R	2 0
3. Web Page con't.:	Provide specific web	addresses - not home page.		
URL				
URL				
URL				
URL				
URL				
URL				
URL				

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 2$ 

If submittin	g this form as part of a joint report on behalf of a	coalition leave SPDES ID blank.
г		SPDES ID
Name of MS4/Coalition	Town of New Hartford	N Y R 2 0 A 3 2 8
. Evaluating Prog	gress Toward Measurable Goals MCM 1	
dentified in your Sto	ort on your progress and project plans toward ormwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	WMPP in this reporting period.
	nd businesses within the MS4 with opportunit the MS4. These opportunities can include si in our offices.	
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
construction site run Pesticide/Fertilizer a conservation and rip approximately 900 s	articles are provided in digital format for inclunoff control, trash/recycling issues, Smart Groapplication, pet waste, vehicle washing, water parian buffer preservation. SWCD presented students at the County Conservation Education	owth, Green Infrastructure, r conservation, wetland stormwater quality issues to on Days in September. HOCCPP
C. How many time	es was this observation measured or evaluat	ted in this reporting period?
		(ex.: samples/participants/ev
D. Has your MS4 r	made progress toward this Measurable Goa	al during this reporting period?
E. Is your MS4 on	schedule to meet the deadline set forth in t	● Yes ○ No  the SWMPP? ● Yes ○ No
21 15 y 0 u1 1/18 1 0 u	seneulle to meet the dendine set for the me	
•	rize the stormwater activities planned to me ng cycle (including an implementation sche	9
	water Management portion of our website. Palents and business owners via our newsletter,	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	/Coalition Town of New Hartford														N	Y	R	2	0	А	3	2	8
Minir	num (	Con	trol ]	Μŧ	easi	ıre	2.	. P	ublic	e Ir	1V(	lv	em	en	t/P	ar	tic	ipa	<u>itic</u>	<u>n</u>			
The information in th																							
● On behalf of an inc ○ On behalf of a coa How n				bu	ted 1	to th	nis	rep	oort? [														
1. What opportundevelopment, 6 (SWMP) Plan	evaluati	ion a	nd in	np	rov	eme	nt	of	the St	tori	mw	ate	r N	<b>Tar</b>	ıag					ran	n		
<ul><li>Cleanup Events</li></ul>																# E	ven	its					1
• Comments on SW	MP Rec	eive	i												# C	omr	nen	its					0
• Community Hotlin	nes								Phone	#	(	3	1	5	)	7	2	4	-	4	3	0	0
Phone # (	<u> </u>			-[					Phone	#	(				)				-				
Phone # (	<u> </u>			-[					Phone	#	(				)				-				
Phone # (	<u> </u>			-[					Phone	#	(				)				_				
Phone # (	)[			-					Phone	#	(				)				-				
Phone # (	<u> </u>			-[					Phone	#	(				)				-				
• Community Meeti	ngs														# 1	Atte	nde	es				4	0
<ul><li>Plantings</li></ul>																S	q. I	₹t.					
O Storm Drain Mark	rings															# D	rai	ns					
O Stakeholder Meeti	ings														# 1	Atte	nde	es					
O Volunteer Monitor	ring															# E	ven	ıts					
Other:																							
2. Was public not Program (SWI				•		nis a	ını	nua	ıl repo	ort	anc	d S	torı	mw	ate	er N	Iai	nag		ent Ye		0	No
○ List-Serve																# I1	n Li	ist					
O Newspaper Advert	tising														#]	Days	s Rı	ın					
○ TV/Radio Notices															#]	Days	s Rı	ın					
Other:																							

• Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

lame	of I	MS	54/0	Coal	litic	n	own	of N	of New Hartford															N	Y	R	2	0	А	3	2	8
. U Pi UR	lea						eci	ific	ad	dre	ess(	es)	wł	iero	e no	otic	e(s	) ca	an l	be a	acc	ess	ed ·	- n	ot k	ıon	ıe p	oag	e.			
h	t	-	t	р	:	/	/	W	W	w	•	0	С	g	0	v		n	е	t	/	0	n	е	i	d	a	/	р	1	a	n
n	i		n	g	/	е	n	v	i	r	0	n	m	е	n	t	W	a	t	е	r	/	S	t	0	r	m	w	a	t	е	r
V	i		d	е	0		5																									
UR	L	_									1													1								
h	t	:	t	р	:	/	/	0	n	е	i	d	a	s	W	С	d	•	0	r	g	/	С	0	m	m	u	n	i	t	У	_
е	r	ı	V	i	r	0	n	m	е	n	t	а	1	_	m	а	n	a	g	е	m	е	n	t	/							
UR		_	.			,	,												_				l .								,	
h	+	+	t	р	:	/	/	W	W	W	•	n	е	W	h	a	r	t	f	0	r	d	t	0	W	n	•	С	0	m	/	i
n	. C	i	е	Х	•	h	t	m 1																								
UR	L	1																														
	+	$\dagger$																														
UR	T																															
	.L																															
		Ī																														
		İ																														
UR	L																															
UR	L																															
	+	+																														
	-		_																													

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2

3 2 8

0 A

o. W																				cur				IVI	апа	age	me	III			
Eı	nter	ad	dre	ess/	con	ıtac	t in	fo	and	lse	lect	t rae	dio	bu	ttor	ı to	inc	dica	ate	wh	ich	do	cun	nen	t is	av	aila	ble	an	d	
																				it ac											
• MS	4/C Dep				ffic	ee											A	nnu	al	Rep	ort		S	WN	<b>1</b> P :	Plar	1	• (	Con	nme	nts
	Т	0	W	n		Н	i	g	h	W	a	У		F	a	С	i	1	i	t	У										
	Add				N				Н			+	f			٦		C	_	70			+								
	1 City	1	1		IN	е	W		п	a	r	t		0	r	d		S	t	r	е	e Zip	t								
	N	е	W		Н	a	r	t	f	0	r	d						]	N	Y		1	3	4	1	3	_				
	Pho	ne			1 -			1	1					1				_									,				
	(	3	1	5	)	7	2	4	_	4	3	0	0																		
O Libi	rary Ado	lres:	S														) <b>A</b>	nnu	al	Rep	ort	(	) S'	W۱	<b>1</b> P :	Plar	1	0 (	Con	nme	nts
	City	/																·		_		Zip					 I				
																		L									-				
	Pho	ne			\				]					]																	
	(				)				_																						
O Oth																	) <b>A</b>	nnu	al	Rep	ort		S	WN	ΛP :	Plar	1	$\circ$	Con	nme	nts
	Ado	lres	S																												
	City	,																				Zip									
																											_				
	Pho	ne																									.				
	(				)				_																						
• Wel	n Pa	age	ΙIR	τ.													) A	nnu	al i	Rep	ort		) S	W۱	лР ·	Plar	1	• (	Con	nme	ents
9 110	h	_		p	:	/	/	w	w	w		n	e	W	h					0		_			_				0		/
						'	_ <u>'</u>																								
	D1				1				1 1					1					1			L.	1		1						
○ eMa		ease	pr	OV1	ide	spe	C1T	ic a	ıddı	ess	01	paş	ge v	whe	ere	rep	ort	car	1 b	e ac	ces	ssec	l - r	10t	hoi	ne			Con	nme	ents
																				$\perp$											=

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

	<u>S</u>	PDE	SID					
Name of MS4/Coalition Town of New Hartford	1	N Y	R	2	0 2	A 3	2	8
4.a. If this report was made available on the internet, what date wa	s it	post	ted?					
Leave blank if this report was not posted on the internet.	0	3 /	0	1	/	2 0	1	2
4.b. For how many days was/will this report be posted?						3	6	5
If submitting a report for single MS4, answer 5.a If submitting a j	joint	rep	ort,	ans	wer	5.b		
<b>5.a. Was an Annual Report public meeting held in this reporting po</b> If Yes, what was the date of the meeting?		_ ,	, [	_	, [	Yes		No
	0	5 <b>/</b>	2	5	· L	2 0		2
If No, is one planned?					0 '	Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s contri	ibut	ing	to tl	is 1	repo	rt d	uriı	ıg
this reporting period?					• `	Yes	0	No
If No, is one planned for each?					0	Yes	0	No
6. Were comments received during this reporting period?					0	Yes		No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.								

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

		SP	DES ID
Name of MS4/Coalition To	own of New Hartford	N	Y R 2 0 A 3 2 8
7. Evaluating Progre	ess Toward Measurable Goals I	MCM 2	
	t on your progress and project pla mwater Management Program Plonal pages as needed.		<del>-</del>
A. Briefly summarize	e the Measurable Goal identific	d in the SWMPP in	this reporting period.
	s, business owners and contractor the activities within the MS4 and		* •
B. Briefly summarize Goal.	e the observations that indicate	d the overall effectiv	eness of this Measurable
5 power point presenta	roadside cleanups were hosted du ations on the topics of Basic Stor structure and Runoff Reduction S	mwater Planning, SW	
C. How many times v	was this observation measured	or evaluated in this r	6
D. Has your MS4 ma	nde progress toward this measu	rable goal during thi	(ex.: samples/participants/event is reporting period?
E. Is your MS4 on sc	chedule to meet the deadline set	forth in the SWMPI	● Yes ○ No P?
· ·	e the stormwater activities plan g cycle (including an implement	<u> </u>	● Yes ○ No s of this MCM during
Update our website an	nd reach out to the public.		

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

Name of MS4/Coalition Town of New Hartford	N Y R 2 0 A 3 2 8
Minimum Control Measure 3	Illicit Discharge Detection and Elimination
The information in this section is being reported	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to</li> </ul>	this report?
1. Enter the number and approx. percent	t of outfalls mapped: 3 3 4 # 9 0 %
2. How many of these outfalls have been reporting period (outfall reconnaissand	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewersh reporting period?	heds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
<ul> <li>Construction Vehicle Washouts</li> </ul>	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	• Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	<ul><li>Vehicle Fueling</li></ul>
O Industrial Process Water	<ul><li>Vehicle Maint./Repair Shops</li></ul>
Other:	○ None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

		SPDES ID		
Name of MS4/Coalition Town of New Hartford		N Y R 2	2 0 A 3	2 8
3.b. What types of illicit discharges ha	we been found during this	reporting period	?	
O Broken Lines From Sanitary Sewer	O Industrial Connections			
O Cross Connections	• Inflow/Infiltration			
O Failing Septic Systems	<ul><li>Pump Station Failure</li></ul>			
• Floor Drains Connected To Storm Sewer	s Sanitary Sewer Overflo	ows		
• Illegal Dumping	O Straight Pipe Sewer Di	scharges		
Other:	○ None			
4. How many illicit discharges/poten	tial illegal connections hav	e been detected d	luring thi	S
reporting period?				
5 Hamman 200 24 Reshause have			10	
5. How many illicit discharges have	oeen confirmed during thi	s reporting perior	u:	
6. How many illicit discharges/illega	l connections have been eli	minated during t	this repor	ting
period?				
7. Has the storm sewershed mapping	· •		○ Yes	• No
If No, approximately what percent v	vas completed in this reporti	ng period?		용
8. Is the above information available	e in GIS?		○ Yes	No
Is this information available on th	e web?		○ Yes	<ul><li>No</li></ul>
If Yes, provide URL(s):  Please provide specific address of pa	ge where map(s) can be acco	essed - not home p	oage.	
URL				

This report is being submitted for the reporting period ending March 9, 2 0 1 2

C OI IVI	S4/Coa	litio	n To	own	of N	ew H	Iartfo	ord													N	Y	R	2	0	Α	3	2
	34/C0	111110	111															J								L	<u> </u>	
	(s) co se pro			ነቀር	ific	- ad	ldr	P86	of	nac	<b>56 1</b>	yh4	re	ma	nís	a (:	an	he	acc	·	ed.	_ n	ot l	hor	ne i	กลด	Je	
I ICAS IRL	e pro	viu	c s <sub>l</sub>	JCC	1110	au	iui	CBB	U1	Pu	<b>5</b> ° '	V 11V	.10	1114	P(ε	,, с	411	be	acc		cu	11	ot i	1101	ne j	yae	,0	
																		<u> </u>		<u> </u>					Н		$\vdash$	H
IRL																												
							<u> </u>																					H
		<u> </u>																									<u> </u>	
IRL																												
																												Ħ
																										<u></u>	H	<u></u>
IRL																												
																												T
		+																									_	<u></u>
																												L
RL																												_
		+																										$\vdash$
																										$oxed{oxed}$		

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

If submitting this form as part	of a joint report on behalf of a	a coalition leave SPDES ID blank.
		SPDES ID
Name of MS4/Coalition Town of New Hartford		N Y R 2 0 A 3 2 8
12. Evaluating Progress Toward M	leasurable Goals MCM 3	
Use this page to report on your progreidentified in your Stormwater Manag III.C.1. Submit additional pages as ne	gement Program Plan (SWM	
A. Briefly summarize the Measura	ible Goal identified in the S	SWMPP in this reporting period.
There were no illicit discharges from severe weather during Hurricane Iren discharge entered Sauquoit Creek. Vand discharges were eliminated.	ne, our sewer line on the wes	st of NY 8 was damaged and
B. Briefly summarize the observat	ions that indicated the ove	rall effectiveness of this Measurable
Reconnaissance identified the damage	ge and repairs were impleme	ented.
C. How many times was this obser		0 0 0 1  (ex.: samples/participants/eve
D. Has your MS4 made progress to	oward this measurable goa	al during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to mee	et the deadline set forth in	
F. Briefly summarize the stormwa the next reporting cycle (includi	-	e
The Codes Officer and the Highway eliminating illicit discharges entering	•	• • •

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID						
Name of MS4/Coalition	Town of New Hartford	N	Y	R	2	0	А	3	2	8

# Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control	
The	e information in this section is being reported (check one):	
• ( • (	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
1a	Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?  • Yes	○ No
1b	o. Has each Town, City and/or Village contributing to this report documented that the law equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook?	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  ○ 09/2004 ● 03/2006	O NT
2.	<b>Does your MS4/Coalition have a SWPPP review procedure in place?</b> • Yes	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?	4
4.	<b>Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?</b> • Yes • No	O NT
	If Yes, how many public comments were received during this reporting period?	
5.	Does your MS4/Coalition provide education and training for contractors about the loca SWPPP process?  • Yes	ol O No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
Other	#	O No Authority

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

Name of MS4/Coalition Town of New Hartford	N Y R 2 0 A 3 2 8
Minimum Control Measure 4. Construction Sit	te Stormwater Runoff Control
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul>	
1. How many construction projects have been authorized for during this reporting period?	or disturbances of one acre or more
2. How many construction projects disturbing at least one during this reporting period?	acre were active in your jurisdiction
3. What percent of active construction sites were inspected	
4. What percent of active construction sites were inspected	
5. Do all inspectors working on behalf of the MS4s contrib Construction Stormwater Inspection Manual?	
6. Does your MS4/Coalition provide public access to Storm (SWPPPs) of construction projects that are subject to M	[S4 review and approval?
If your MS4 is Non-Traditional, are SWPPPs of construpublic review?	● Yes ○ No ○ NT    ction projects made available for ○ Yes ○ No
If Yes, use the following page to identify location(s) where	SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

																				_			SPI	DES	ID						
Name	of M	S4/	Coa	litio	on <sup>T</sup>	own	of N	lew l	Hartí	ord													N	Y	R	2	0	А	3	2	8
6. c	on't		add	litio	ona	l pa	age	s as	s ne	ede	ed.																				
• MS	34/C	oal	itio	n C	)ffic	e.																									
e mic	Dep				71110																										
	Т	0	w	n		Р	1	a	n	n	i	n	g		D	е	р	t													
	Add	lres	S								1						1		1									1			
	1	1	1		N	е	w		Н	a	r	t	f	0	r	d		S	t	r	е	е	t								
	City	,																_		_		Zip					1		_		
	N	е	W		Н	a	r	t	f	0	r	d						N	1 7	<u>7</u>		1	3	4	1	3	-				
	Pho				1 .				1					ı																	
	(	3	1	5	)	7	2	4	_	4	ര	0	0																		
O Lib	rary	,																													
	Add	lres	S																												
	City	,																		_		Zip			1		1				
																											_				
	Pho	ne			١.				l					ı																	
	(				)				-																						
Oth	ner																														
	Add	lres	S																												
	City	7																				∟ Zip									
																											-				
	Pho	ne																						-			J				
	(				)				_																						
○ We	h Da		I ID	) T (	·)·		100/	10.10	****	:40	a <b>12</b> 0	o:f:		ا	200	h	250	CW	DD	Da z	.010	ha i		2000	الم	not	ha		***		
O WE	URL	_	UN	TT(;	s).	Г	ieas	se p	100	iue	spe	CIII	ic a	uur	CSS	WII	216	3 W	ГГ	r S (	all	De a	1000	2886	u -	пοι	1101	me	pag	E.	
																															_
	URL				-		-	-	-				-	-	-					-	-			-		-	-				

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

if submitting this form as part of a joint report on behalf of a	
	SPDES ID
Name of MS4/Coalition Town of New Hartford	N Y R 2 0 A 3 2 8
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Review all SWPPs presented within the municipality. Review at that need SWPPs have them. Inspect sites to determine complia contractors to ensure that they are aware of and practicing sound techniques on site.	ance with our local laws. Train
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
SWCD provides training to local contractors on Erosion and Sedi reviews SWPPPs on behalf of MS4 and signs off on the SWPPP worked with MS4s this year to develop written procedures for SV training to Planning Board personnel. SWCD works with Codes to inspect sites and provide follow up where problems are noted.	Acceptance Forms. The HOCCPP VPPP review and to provide Officer and/or Highway Supervisor Training is provided from SWCD
C. How many times was this observation measured or evaluat	ted in this reporting period?
	[ 1 2 ] (ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	
•	● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	2
Continue to coordinate with planning board officials, contractors parties affected by the regulation are aware of it and know their re-	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

Name of MS4/Coalition	Town of New Hartfo	rd		N	Y	R 2	0 A	3	2 8
<u>Minimum</u>	Control Mea	<u>ısure 5. Post</u>	-Constructio	on Stormw	ater	· Ma	nage	<u>me</u>	<u>nt</u>
The information in th	nis section is heir	ng reported (che	ck one):						
<ul><li>On behalf of an inc</li></ul>		ig reported (che	ek one).						
On behalf of a coa									
How m	nany MS4s cont	ributed to this	report?						
1. How many and MS4/Coalition is	* * *			_		es ha	s your		
		#	#	# Times					
		Inventoried	Inspections	Maintained	<b>a</b> 7				
O Alternative Practic	ees				]				
O Filter Systems									
O Infiltration Basins									
Open Channels									
<ul><li>Ponds</li></ul>		5	5	5					
○ Wetlands									
Other									
2. Do you use an o		` U	abase, spreads	heet) to trac	ek po	st-co			
BMPs, inspecti							O Ye	es	• No
3. What types of a Development/E		-		-	Low	Impa	act		
<ul><li>Building Codes</li></ul>	<ul><li>Municipal C</li></ul>	Comprehensive P	Plans						
Overlay Districts	Open Space	Preservation Pro	ogram						
<ul><li>Zoning</li></ul>	• Local Law o	or Ordinance							
○ None	• Land Use R	egulation/Zoning	g						
<ul><li>Watershed Plans</li></ul>	Other Comp	rehensive Plan							
Other:									

This report is being submitted for the reporting period ending March 9, 2 0 1 2

		SPI	JE2	ID_					
Name of MS4/Coalition Town of New Hartford		N	Y	R	2	0 2	A 3	2	8
4a. Are the MS4s contributing to this report involved in a region	nal/watersh	ed v	vide	pla	nni	_	e <b>ffor</b> Yes		No
4b. Does the MS4 have a banking and credit system for stormwa	ater manago	eme	nt p	ract	tice		Vaa	_	No
4c. Do the SWMP Plans for each MS4 contributing to this report and approval of banking and credit of alternative siting of a		-				valu t pra		n e?	
4d. How many stormwater management practices have been impreporting period?	plemented a	as p	art o	f th	is :	syst	em i	n th	is
5. What percent of municipal officials/MS4 staff responsible fo		imn	lem	nta	atio	on at	tend	led	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 2$ 

If submitting	ng this form as part of a joint report on bel	half of a coalition	leave SPDES ID	blank.
			SPDES ID	
Name of MS4/Coalition	Town of New Hartford		N Y R 2 0	A 3 2 8
. Evaluating Pro	gress Toward Measurable Goals MC	CM 5		
Tea this nage to ren	oort on your progress and project plans	toward achievin	a maasurahla aa	vals
	tormwater Management Program Plan			
•	itional pages as needed.	,,,		
. D : G				
A. Briefly summai	rize the Measurable Goal identified i	in the SWMPP	in this reportin	g period.
Ensure maintenance	e of stormwater management facilities	within the MS4	regulated area.	
		11 66	6.11	3.6
B. Briefly summai Goal.	rize the observations that indicated t	the overall effec	tiveness of this	Measurable
	e permanent stormwater management is uirements outlined in DEC regulatory			
	that Green Infrastructure practices are l			
Construction inspec	ctions are performed on all sites where	at least 1 acre o	f ground is distu	irbed to
	ent stormwater structures are being ins			design
C. How many time	es was this observation measured or	evaluated in th	is renorting ne	riod?
or 110 W many time	os was this observation measured or	cvaraacca iii tii	is reporting per	1 0
			(ex.: samm	ples/participants/
D. Has your MS4	made progress toward this measural	ble goal during		
				Yes O No
E. Is your MS4 on	schedule to meet the deadline set fo	rth in the SWM	IPP?	
				Yes O No
•	rize the stormwater activities planne	U	oals of this MC	M during
the next report	ing cycle (including an implementati	on schedule).		
	endation, our MS4 will work with SW	-		-
	ne the level of maintenance required. I party for further action.	viaintenance nee	eas will be comr	nunicated
o me appropriate p	arty 101 Iurunor action.			

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID								
Name of MS4/Coalition	Town of New Hartford	N	Y	R	2	0	А	3	2	8

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to this report?	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

**Self-Assessment** 

**Operation/Activity/Facility** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance...... 9 Yes ○ No ...... • Yes  $\bigcirc$  No ○ No ..... • Yes Bridge Maintenance. • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage. • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management. 

• Yes ○ No ..... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. O Yes ○ No ..... • Yes  $\bigcirc$  No Right of Way Maintenance.... 

Yes ○ No ...... • Yes  $\bigcirc$  No No Marine Operations.... O Yes ○ No ..... ○ Yes Hydrologic Habitat Modification..... • Yes ○ No ..... • Yes  $\bigcirc$  No  $\bigcirc$  No Parks and Open Space... • Yes ○ No ..... • Yes Municipal Building.... • Yes  $\bigcirc$  No  $\bigcirc$  No Stormwater System Maintenance.... • Yes ○ No • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance. 

• Yes ○ No ○ Yes  $\bigcirc$  No Other..... O Yes

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

	SPDES ID				
Name of MS4/Coalition Town of New Hartford	NYR2	0 A	3	2	8
2. Provide the following information about municipal operat	ions good housekeep	oing p	rog	ram	ıs:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres	1	_ 0	0	0
• Streets Swept (Number of miles X Number of times swept)	# Miles	3 2	2 2	4	0
• Catch Basins Inspected and Cleaned Where Necessary	#		2	0	0
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#				0
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres [umber of			•	
3. How many stormwater management trainings have been p during this reporting period?	provided to municipa	al em	ploy	ees	3
4. What was the date of the last training?	0 2 / 1 4	] / [2	2 0	1	2
5. How many municipal employees have been trained in this	reporting period?			2	0
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r	eceivo	e 7	5	%

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 2 \end{vmatrix}$ 

	SPDES ID
Name of MS4/Coalition Town of New Hartford	N Y R 2 0 A 3 2 8
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Ensure that employees are trained in Good Housekeeping method management of our stormwater facilities and infrastructure. Specimade aware of spill response techniques, erosion and sediment copollution prevention techniques.	ifically, ensure that employees are
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Employees received training on spill prevention (OSHA & SWC) maintenance (DEC Region 6 staff). Training is also available to a application, ditch stabilization and drainage.	, <u> </u>
C. How many times was this observation measured or evaluat	ted in this reporting period?
	5
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/even  I during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP?  • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	9
Continue to pursue training opportunities for municipal staff.	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Ν Y R 2 0 Name of MS4/Coalition Additional Watershed Improvement Strategy Best Management Practices The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? MS4s must answer the questions or check NA as indicated in the table below. Check NA (POC) MS4 Description Answer **NYC EOH Watershed** Traditional Land Use 1,2,3,4,5,6,7a-d,8a,8b,9 10,11,12 Phosphorus Traditional Non-Land Use 1,2,3,4,7a-d,8a,8b,9 5,10,11,12 Phosphorus Non-Traditional 1,2,77a-d,8a,8b,9 3,4,5,10,11,12 Phosphorus Onondaga Lake Watershed Traditional Land Use 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 Phosphorus Traditional Non-Land Use 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 Phosphorus Non-Traditional 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 Phosphorus **Greenwood Lake Watershed** 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 Traditional Land Use Phosphorus Traditional Non-Land Use 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus Non-Traditional 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus **Oyster Bay** Traditional Land Use 1,4,7a-d,9,10,11,12 2,3,5,6,8a,8b Pathogens Traditional Non-Land Use 1,4,7a-d,9,10,11,12 2,3,5,6,8a,8b Pathogens Non-Traditional 1,4,7a-d,9 2,3,4,5,8a,8b,10,11,12 Pathogens Peconic Estuary 1,4,7a-d,8a,9,10,11,12 Traditional Land Use 2,3,5,6,8b Pathogens and Nitrogen Traditional Non-Land Use 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b Pathogens and Nitrogen Non-Traditional 1,4,7a-d,8a,9 2,3,4,5,8b,10,11,12 Pathogens and Nitrogen Oscawana Lake Watershed Traditional Land Use 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus 2,3,5,8b,10,11,12 Traditional Non-Land Use 1,4,6,7a-d,8a,9 Phosphorus Non-Traditional 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus LI 27 Embayments 1,2,3,4,7a-d,9,10,11,12 Pathogens Traditional Land Use 5,6,8a,8b Pathogens Traditional Non-Land Use 1,2,3,4,7a-d,9,10,11,12 5,6,8a,8b 5,6,8a,8b,10,11,12 Non-Traditional 1,2,3,4,7a-d,9 Pathogens 1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? O Yes  $\bigcirc$  No  $\bigcirc$  N/A 2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A If N/A, go to question 3. If No, estimate what percentage of the conveyance system has been mapped so far. % Estimate what percentage was mapped in this reporting period. %

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Y R 2 0 Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? % 5. Has your MS4/Coalition developed a program that provides protection equivalent to the **NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities** (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that  $\bigcirc$  No  $\bigcirc$  N/A disturb five thousand square feet or more?  $\bigcirc$  Yes 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A Standards? 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes  $\bigcirc$  N/A  $\bigcirc$  No 7b. How many projects have been sited in this reporting period? 7c. What percent of the projects included in 7b have been completed in this reporting period? % 7d. What percent of projects planned in previous years have been completed? O No Projects Planned 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ○ Yes ○ No  $\bigcirc$  N/A

populations?

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Y R 2 0 Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 11. Does your MS4/Coalition have a pet waste bag program?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A

 $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A

12. Does your MS4/Coalition have a program to manage goose